

## EDITORIAL

### Medical Aid to the Aged

FOR THE PAST SEVERAL YEARS we have been encountering a growing display of concern over the well-being of our older citizens, with reference particularly to their health care needs.

This concern has progressed to the point where the "over 65" individual has become a prime political figure, an object of professional political interest.

For whatever reason—probably because the Social Security laws selected it as the age for retirement—there seems to be an inspired notion that age 65 is a dividing line between active citizens and abject, poverty-stricken ill persons whose only resource is the public treasury.

This concept has been heatedly debated by physicians, who realize that chronological and physical age may have no relationship to each other. Nevertheless, with age 65 on the statute books as the age of retirement, of withdrawal from the community of earners, the American public has had this number engraved indelibly as *it*.

Politicians of all orders have reason to recognize the fact that those people above age 65 may be retired, may have leisure time and may have demands to make on the government. These people also have one vote each. Hence, the time-serving politician who can promise and deliver a financial windfall to such people can rather factually expect that they will remember his name when they next go to the voting booth.

If this sounds cynical, we should consider the fact that the benefits under the Social Security laws have been increased every two years for a good many years back. The years in which such benefits have been enlarged have happened to be the years in which general elections are scheduled. The person who is retired and is drawing Social Security benefits is, every two years, handed an increase in his

allowance. The cost of the increase is met by increased taxes of those under 65 who are required to pay taxes into the fund.

Medicine as a profession has not been too keenly aware of this progressive increase until recent years. More than likely, physicians have been unaware of what was going on for the reason that most physicians are not themselves covered by Social Security and have not been paying out in their own behalf the ever-rising taxes needed to carry the ever-rising benefit payments.

Several years ago the Congress voted a huge sum of money to be subvented to the states, where it was to be matched and the combined sum spent to provide certain medical benefits to those citizens listed on the welfare rolls. This was known as OAA, or Old Age Assistance. The cry that went up from physicians at that time is still echoing throughout the land. In California, physicians in several areas voted to forego all fees for the care of these needy people rather than submit to governmental control.

This clamor and this direct action have largely disappeared today, doubtless because physicians as a whole have accepted the responsibility of furnishing care for their older needy patients, regardless of the conditions imposed by the politicians.

More recently a demand has been built up in Washington for a system of furnishing hospital and nursing home care to those people over age 65 who are recipients of Social Security benefits. The Social Security System, under these proposals, would become a furnisher of services rather than cash. Very little imagination is needed to project such a system into the provision of one more service tomorrow and another the next day or the next week.

Since every person confined to a hospital or a nursing home must have medical attention, it is only natural for physicians to figure that where the institutional services would be provided as a starter,

professional services would be next in line for inclusion in a governmental plan.

In 1960 the Congress enacted a law which approached the problem of medical assistance to the aged from another angle. It adopted the Kerr-Mills Bill, which made money available to those states which would furnish matching funds. The states could then, in their own wisdom, provide such medical care services for needy oldsters as were determined proper in each state.

California quickly provided for funds to match federal funds under this law and today we are seeing the second title of the law going into effect. Rather than limiting the beneficiaries of this law to those people drawing Social Security payments, the law says that all persons above age 65 who are in need of medical care and who appear unable to meet the costs of such care may apply for it. Such people do not have to be drawing Social Security benefits. They do not have to be indigent. The only test put on them is the determination that the proposed medical care costs are beyond their means.

This is known now as MAA—Medical Assistance to the Aged.

As happened a few years ago, when the OAA law went into effect, some physicians are again raising doubts about this program and threatening to with-

draw their services from this area. Each physician is entitled to his own opinion of the law and his own decision as to whether or not to participate.

At this time, however, a new factor enters the scene. This is simply the matter of what will face the profession if the MAA program is not supported.

The answer seems obvious. Those politicians pushing for an extension of the Social Security laws, under Washington control, will simply say that "the doctors won't perform" under the present law and, therefore, a new law is needed. The new one would supplant local and state determination with additional administration from Washington which would level all people, all states, all physicians.

Physicians may well be unhappy to see their individual freedoms and prerogatives being nibbled away. At the same time, they must realize that this is a part of the national economic scheme and that their best procedure is to go along with the program and guide it rather than opposing it futilely.

In plain language, the physician today is faced with making one choice. Shall it be King-Anderson (Social Security) or Kerr-Mills (MAA)?

Stated another way, shall it be home rule and local determination or shall it be Washington bureaucracy?

